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Aug 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000062791 (4)
1. Corporation Name
COMPUTER TECHNOLOGY ASSOCIATES, INC.

Principal Place of Business

9568 CYPRESS PARK WAY
BOYNTON BCH FL 33437
US

Mailing Address

9568 CYPRESS PARK WAY
BOYNTON BCH FL 33437
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5648 Eagle Trace CT		25 5648 Eagle Trace CT		07/26/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0850713	
22 City & State		27 City & State		APPLIED FOR <input checked="" type="checkbox"/> Applied For	
23 Lake Worth, FL		28 Lake Worth, FL		<input type="checkbox"/> Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional	
24 33463		29 33463		Trust Fund Contribution <input type="checkbox"/> Fee Benulied	
Country		Country		Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WAITE, BRIAN
9568 CYPRESS PARK WAY
BOYNTON BCH FL 33437

10. Name and Address of New Registered Agent

81 Name	Waite, Brian
82 Street Address (P.O. Box Number is Not Acceptable)	5648 Eagle Trace CT
83	
84 City	Lake Worth
85 Zip Code	FL 33463

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	WAITE, BRIAN	1.2 NAME	Waite, Brian
STREET ADDRESS	9568 CYPRESS PARK WAY	1.3 STREET ADDRESS	5648 Eagle Trace CT
CITY-ST-ZIP	BOYNTON BCH FL	1.4 CITY-ST-ZIP	Lake Worth, FL 33463
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4/18/98

5648 Eagle Trace CT

LAKE WORTH, FL 33463

CR2E034 (10/97)